


RCRA OUT		H & DATA VERIFICATION SITE VISI		ECKLIST	
Site visited by Jim Lynch, NOWCC/SEE on: ----->		5-18-99		(date of visit <-----	
EPA RCRA ID#::-->	IAR000006858	SIC	4225	REC'D	
Facility Name:	PHILIP MORRIS USA C/O CENTROBE INC	City, St, Zip ----->	URBANDALE IA 50322	JUN 07 1999 RESP	
Facility Address	4660 112 TH ST				
Phone No.	515-223-4901				
Letters, RCRIS Report and Brochures given to: (name and Title/job description)		Mr. Robert Kuehn, site manager.			
1. Facility Description:		This is a warehouse & storage facility used by Philip Morris USA.			
2. What Chemical and/or Industrial Waste (CIW) streams are generated? (List name/type, approx amount generated/mo, final disposition/how disposed)		The general industrial waste is sent to the local landfill. The HW generated will vary. Philip Morris USA corporate office directs this warehouse when a stored items shelf life is complete & is to be disposed of as HW. The last shipment of HW off site was of cigarette lighter refills taken by Advanced Envir Tech Services to Trade Waste Incineration in Sauget, IL on 3-26-99.			
3. Does the facility classify any of their CIW's as hazardous waste (HW) (Specify which)		Yes_X_ No__ This facility classifies hazardous items that have exceeded there shelf life HW.			
4. Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping/ Landfills/Surface Impoundments? Describe:		No  R00134881 RCRA RECORDS CENTER			
5. Are CIW/HW stored on-site? Describe (material, approx quantity, storage method):		Yes__ No_X_			
6. Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.):		No			
7. Are incompatibles stored together (acids, bases, solvents, cyanides)? Describe:		Yes__ No_X_			
8. Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Describe:		Yes__ No_X_ RCRIS data entered by <u>HG</u> / <u>HG</u> / <u>HJ</u> on <u>7/16/99</u> / <u>8/11/99</u> / <u>8/11/99</u> <u>list</u> / <u>E-date</u> / <u>src</u>			

9. Do any of the on-site chemical and/or CIW/HW management practices concern you? Describe:	Yes___ No_X_ <input type="radio"/>
10. Recommendations and/or Additional Observations:	Mr. Kuehn said that Philip Morris USA will direct this facility to dispose of HW items within 9 mo of this visit & the amount will be over 25 gal or 220 lbs. Mr. Kuehn would not identify the item(s) that would be scheduled for disposal.

GPS FIELD SHEET for Magellan Pro Mark X

Facility Name: PHILIP MORRIS USA C/O CENTROBE INC

EPA ID No: IAR000006858

Address: 4660 112TH ST County: POLK

City: URBANDALE State: IOWA Zip: 50322

Collecting Program (Division /Branch): ARTD/RESP **Collector** JIM LYNCH

Project (EJ, Neosho,...): IOWA RCRA

Date Collected: 5-18-99 Time observation began: 161416 UT Ended: 1161916 UT

PDOP: 2.8

GPS Receiver No. (EPA Tag No.): 972109

Filename stored in GPS unit: IAR21381.CAR

Detailed description of point (plant entrance, parking lot, land parcel, well...): GPS TAKEN IN

THE PARKING LOT OF THE SITE.

Verbal description of weather: CLEAR WITH A NORTHWEST WIND OF 5 - 10 MPH &

THE TEMP. IN THE MID 60'S.

Obstructions (buildings, electric lines,...): NO OBSTRUCTIONS

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name	<i>Philip Morris USA c/o Centrotec Inc.</i>
Facility Address	<i>4662 1/2 St Hirshland, IA 50322</i>

Documents Collected? YES ☒ (list below) NO ☐

Samples Collected? YES ☐ (list below) NO ☒ Split Samples: YES ☐ NO ☐

Documents/Samples were: 1) Received no charge ☒ 2) Borrowed ☐ 3) Purchased ☐

Amount Paid: \$ Method: Cash ☐ Voucher ☐ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

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Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

2 manifests / page each

Facility Representative (print)	Signature/Date
<i>Robert Kuehn</i>	<i>Robert Kuehn 5-18-99</i>
Inspector (print)	Signature/Date
<i>James L. Lynch</i>	<i>James L. Lynch 5-18-99</i>
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name <i>Philip Morris USA CO Center Inc</i>	
Facility Address <i>4660 112 St, Wichita, KS 67222</i>	
Inspector (print) <i>James L. Lynch</i> <i>Secintal/Env Health</i>	
U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115	Date <i>5-18-99</i>

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. No statute specifically requires disclosure of the information.
3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and <u>DO NOT</u> want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print)	Signature/Date
<i>Stan R. Wince</i>	<i>[Signature]</i> <i>5-18-99</i>

I have received this Notice and <u>DO</u> want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date

Information for which confidential treatment is requested:



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. I A R 0 0 0 0 0 8 8 5 8	Manifest No. 5900122	2. Page 1 of 1	Information in the shaded areas is required by Federal law, but is required Illinois law.
3. Generator's Name and Mailing Address PHILLIP MORRIS USA DAVID ZIMMERMAN PHILLIP MORRIS USA POBOX 26603 RICHMOND, IL 62251		Location If Different 4460 112TH STREET ORLANDALE, IA 50322		A. Illinois Manifest Document Number IL 7630171 B. Illinois Generator's ID 955001999 C. Illinois Transporter's ID 414 255-6655 D. Illinois Transporter's Phone E. Illinois Facility's ID F. Illinois Facility's Phone 618 271-2804	
4. Transporter 1 Company Name ADVANCED ENVIR TECH SRVS(AETS)		5. US EPA ID Number N J D 0 8 0 6 3 1 3 6 9		6. Illinois Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Illinois Transporter's Phone	
9. Designated Facility Name and Site Address TRADE WASTE INCINERATION, INC. 7 MOBILE AVENUE SAUGET, IL 62201-1069		10. US EPA ID Number I L D 0 9 8 6 4 2 4 2 4		11. Illinois Facility's Phone 618 271-2804	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
a. RQ WASTE LIGHTERS REFILLS (CIGARETTES) CONTAINING FLAMMABLE GAS 2.1, UN1057 (D001)		006 CF		00240	
b. RQ WASTE LIGHTERS REFILLS (CIGARETTES) CONTAINING FLAMMABLE GAS 2.1, UN1057 (D001)		008 CF		00400	
c. RQ WASTE LIGHTERS REFILLS (CIGARETTES) CONTAINING FLAMMABLE GAS 2.1, UN1057 (D001)		002 DF		00080	
d.					
J. Additional Description of Materials Listed Above A) TWIBZ3629 10142 B) TWIBZ3629 10352		K. Handling Codes for Wastes Listed Above		L. EPA HW Number XXI	
15. Special Handling Instructions and Additional Information PC 165					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name DAVID ZIMMERMAN		Signature David Zimmerman		Date 02229	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name DAVID E. LAMBRECHT		Signature David E. Lambrecht	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name		Signature	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1969, Chapter 111, 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR000006358122010	Manifest Number PS	2. Page 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address PHILLIP MORRIS USA PO BOX 25503 ATTN: DAVID ZIMMERMAN RICHMOND, VA 23261		4. Location If Different C/O CENTERPOINT 1650 412TH S ORLANDO, FL 32822		A. Illinois Manifest Document Number IL 7630398	
4. Emergency and Spill Assistance Numbers (888) 353-2387		5. Transporter 1 Company Name ADVANCED ENVIR TECH SRVS(AETS)		B. Illinois Generator ID 0000000000	
6. US EPA ID Number N J D 0 8 0 6 3 1 3 6 9		7. Transporter 2 Company Name WILLIAMS		C. Illinois Transporter ID 0000000000	
8. US EPA ID Number IL		9. Designated Facility Name and Site Address TRADE WASTE INCINERATION, INC. 7 MOBILE AVENUE SAUGET, IL 62201-1069		D. Illinois Facility ID 0000000000	
10. US EPA ID Number IL D 0 8 6 4 2 4 2 4		E. Illinois Transporter ID 0000000000		F. Illinois Facility ID 0000000000	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. RQ WASTE LIGHTERS REFILLS (CIGARETTES) CONTAINING FLAMMABLE GAS 2.1, UN1057 (D001) (T0142)		No. 027 Type CR		01100	P
b. RQ WASTE LIGHTERS REFILLS (CIGARETTES) CONTAINING FLAMMABLE GAS 2.1, UN1057 (D001) (T0342)		No. 003 Type CR		00240	P
c. RQ WASTE LIGHTERS REFILLS (CIGARETTES) CONTAINING FLAMMABLE GAS 2.1, UN1057 (D001) (T0342)		No. 001 Type DE		00050	P
d. RQ WASTE LIGHTERS REFILLS (CIGARETTES) CONTAINING FLAMMABLE GAS 2.1, UN1057 (D001) (T0342)		No. 004 Type DE		00240	P
J. Additional Description for Materials Listed Above A) TWIBZ3629, 001-01-27 B) TWIBZ3629, 002-01-03 C) TWIBZ3629, 004-01-04 D) TWIBZ3629, 003-01-04		K. Handling Codes for Waste Above In Item #14			
15. Special Handling Instructions and Additional Information PC163 (804) 274-4803 - Zimmerman					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name David R Zimmerman		Signature 		Date 03/26/99	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DANIEL G. CAPELLE		Signature 		Date 03/26/99	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature	
				Date Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111, 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falseification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1: TSD MAIL TO GENERATOR

PROCEDURES for Inspectors/Investigators/etc. performing Site Visits

Present the Facility representative with a copy of their:

- RCRIS Handler Information Report (attached)
- Copy of the current Notification Form (attached)
- Copy of the current Notification Booklet (attached)

Our instructions to them are printed on their RCRIS Handler Information Report - and should be self explanatory. If the facility wants to revise their RCRIS Handler Information Report, they can do so and mail it back to EPA - or have the inspector deliver it.

If during the course of the site visit, the inspector/investigator becomes aware of any changes which should be made to the information printed on this form, please make the corrections and return the form to: Harriett Jones, ARTD/RESP.

EPA RCRA ID Number: IAR000006858

Name of Company/Installation: PHILIP MORRIS USA C/O CENTROBE INC
Location of Installation: 4660 112TH ST
City/State/Zip: URBANDALE, IA 50322
County: POLK

Mailing Address: 11253 MEREDITH DR
City/State/Zip: URBANDALE, IA 50322

Installation Contact: DAVID ZIMMERMAN
Job Title: ENVIRON ENGR
Phone Number: (804) 274-4803
Contact's Address: PO BOX 26603
City/State/Zip: RICHMOND, VA 23261

Current Owner of Installation: R AND R INVESTORS, LTD
Owner's Address: 1280 OFFICE PLAZA DR
City/State/Zip: WEST DES MOINES, IA 50266
Phone Number: (515) 223-4901

Land Type: Private
Owner Type: Private

TYPE(S) OF REGULATED ACTIVITY: SMALL QUANTITY GENERATOR

Hazardous Wastes Handled: D001

N 02/09/99 2

Date of Site Visit or Inspection: 5-18-99

Signed: *James L. Lorch*

Site Investigator/Inspector

IAR000006858 Philip Morris USA c/o Centrobe Inc. Urbandale, IA Photo taken: 5/20/99
Photo #1 GPS Reading in the parking lot of the site at the main entrance to the site building.

